*There are multiple ways for COVID-19 to destroy health and lives, and there is more than one way to **prevent it from doing so**.*

A National Response to the COVID-19 Pandemic for
#TotalHarmMinimization

A **total harm minimization** strategy considers both **direct and indirect** pandemic harms and seeks to reduce both to the irreducible minimum.

Differences that make a difference

▪ COVID-19 affects different populations differently; some are at high risk of severe infection, some at much lower risk. More site-specific data are needed to define and stratify risk groups.

▪ Global data already reveal clear and important risk differentials for severe coronavirus infection based on *age* and *prior health***.**

▪ There are also clear differentials in the timely importance of workforce restoration related to services, goods, supply chains, and economic function.

A set of flawed considerations

▪ Currently there is no guidance for what comes after *"flattening the curve."* While flattening the curve as best we can is essential in this initial phase, models show that without a longer-term, risk-based plan, it delays— but does not prevent—a spike in hospital need and mortality, unless maintained until a vaccine is available.

▪ "Everybody back to the world now" means a high, unacceptable rate of severe infection and death among those at elevated risk.

▪ "Hunker in a bunker until there's a vaccine" ignores the potentially massive adverse health effects of social determinants of health as lives, livelihoods, goods, services, and supply chains are disrupted and degraded.

An alternative, risk-based way through this -- #TotalHarmMinimization

▪ Gather and track data on infection, immunity, and outcomes continuously to understand risks, prevalence, and needs.

▪ Differentiate those at high risk for severe infection who must avoid exposure from those at low risk who are most suitable to return to work/the world as we knew it early. Use empirical data to confirm or adjust risk assignments.

▪ Identify the most essential workforce and economic priorities so that those are re-populated first. Identify the overlap between low-risk workers, and high-priority work as the 'first wave' back.

▪ Sequentially phase in normalcy for the population based on transmission levels, risk level, and identified workforce priorities.

Key benefits of adopting #TotalHarmMinimization

▪ Minimize total harms and mortality from both infection and indirect social effects.

▪ Minimize medical system demand by preventing exposure among the high-risk.

▪ Avoid societal/economic collapse, and restore societal norms in risk-based phases.

▪ Establish an "all clear for all" based on documented herd immunity achieved in the safest way possible, verified lack of transmission; allow a return to normalcy far sooner than by awaiting a vaccine.